American Academy of Pediatrics

TESTIMONY

BEFORE THE

UNITED STATES SENATE

COMMITTEE ON INDIAN AFFAIRS

ON

"PROBLEMS FACING INDIAN YOUTH"

PRESENTED BY

VINCENT BIGGS, MD, FAAP

ON BEHALF OF

THE AMERICAN ACADEMY OF PEDIATRICS

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The American Academy of Pediatrics is an organization of 57,000 primary care pediatricians, pediatric medical subspecialists and pediatric surgical specialists dedicated to the health, safety and well being of infants, children, adolescents and young adults.

Department of Federal Affairs
The Homer Building
601 Thirteenth Street, N.W.
Suite 400 North
Washington, D.C. 20005
202-347-8600 / 800-336-5475 / FAX: 202-393-6137

Chairman Inouye, Vice-Chairman Campbell, members of the Committee, my name is Vincent Biggs and I am a practicing pediatrician from Amherst, Massachusetts. I have been working on issues affecting American Indian/Alaska Native (AI/AN) children and adolescents for the last 8 years. I worked clinically on the Navajo Reservation at the Northern Navajo Medical Center in Shiprock, New Mexico and currently serve on the American Academy of Pediatrics, Committee on Native American Child Health. On behalf of the American Academy of Pediatrics, I am honored to be here today to discuss the serious health challenges facing AI/AN children and youth nationwide.

The American Academy of Pediatrics is an organization of more than 57,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health, safety and well being of infants, children, adolescents and young adults. For more than three decades, the Academy's advocacy work has included efforts to improve the health and development of AI/AN children nationwide. Examples of this advocacy include efforts to increase funding for the Indian Health Service (IHS); promote comprehensive, coordinated material and child health programs among all IHS regions; and facilitate the recruitment and retention of well trained and educated pediatric providers at all levels.

In addition, the Academy has a long-standing arrangement with IHS to conduct site visits at one of the 12 IHS areas each year. These visits not only identify programs that have been successful in advancing AI/AN children's health, they have helped to disseminate ideas that may benefit youth in other areas. The Academy has established a locum tenens program to help advertise temporary pediatric opportunities in IHS and tribal health facilities around the country. The Academy has also facilitated the formation of a Special Interest Group on Indian Health that is involved in national educational activities around AI/AN pediatric health issues.

Over the course of the Academy's commitment to AI/AN children and youth, the health challenges confronting this population have changed radically. In 1973, the greatest health challenges faced by American Indians/Alaska Natives included pneumonia, gastroenteritis, meningitis, and tuberculosis. Since that time, great strides have been made in controlling these deadly diseases. However, challenges remains in sustaining these improvements while at the same time effectively responding to new threats. In my testimony today, I will focus on three of the most serious challenges facing AI/AN children and youth today: health disparities and unmet health care needs; unintentional injuries and death: and type 2 diabetes mellitus.

Health Disparities and Unmet Health Care Needs

Today, more than one-third of the nation's AI/AN population is under the age of 15. There are nearly twice as many 5-14 years olds among the AI/AN population than the white population. And, the AI/AN birth rate is 63% higher than birth rate for all US races.

Although the general health status of these children is far better than that of their parents or grandparents, we know that significant health disparities continue to plague AI/AN communities nationwide. Perhaps the best way to quantify these disparities is by comparing the health status of AI/AN children with the health status of children in the general US population. The differences revealed by such a comparison are dramatic. For example:

- AI/AN infant mortality rates are 22% higher than the general population, and 60% higher than whites;
- The rate of Sudden Infant Death Syndrome (SIDS) among AI/AN children is more than twice that of all US races, despite a growing understanding of SIDS and how to prevent it;
- The AI/AN youth suicide rate is twice as great among 14-24 year olds and three times as great among 5-14 year olds;
- The AI/AN youth death rate from alcoholism among 15-24 year olds is more than ten times as great as the rate for the same-aged population of the US as a whole; and
- Overall, AI/AN children and youth are more than twice as likely to die in first four years of life than the general population, and remain twice as likely to die through the age of 24.

These sad health statistics are related to some degree to the extreme poverty of the AI/AN population. According to the recent census data, more than 30% of the AI/AN population lived below the poverty line, versus roughly 13% for all races. Of AI/AN children under age five, 43% lived in households with incomes below the poverty level, compared to 20% of young children of all races. While the links between poverty and poor health are evident in many populations, AI/AN children and youth face barriers to care above and beyond those faced by many other poor children. For example, these children often live in rural and frontier areas, where health services are difficult to reach and where safe and adequate water supply and waste disposal facilities are less common than in the U.S. general population.

The serious pediatric health problems associated with poverty and rural isolation are compounded in many AI/AN communities by limited accessibility to pediatric health care. Over the last decade, for example, the average number of well-child visits – i.e., a child's periodic visits to a pediatrician or other health professional to receive immunizations and a "check-up" to make sure that the child is growing and developing as expected, and for the pediatrician to provide guidance to parents on nutrition, injury and poison prevention, and other child health, development and safety issues – has dropped more than 35%. Outdated IHS facilities also create challenges for AI/AN children seeking pediatric care. On average, IHS facilities are than 30 years old, more than three times the age of facilities available to the general population. Persistent vacancies for health care providers within IHS also limit AI/AN children's access to pediatric care. According to recent data, IHS vacancy rates for dentists, nurses and physicians are at 25%, 15% and 10% respectively. I recently saw the impact of these vacancies first hand when, in a visit to Parker Indian Hospital in Parker, AZ, the dental clinic was locked because there were no dental providers available to offer care.

AI/AN children living in urban areas face similar challenges accessing pediatric health care. Although not generally served by IHS or tribal facilities, AI/AN children living in metropolitan areas have access to care through Urban Indian Health programs. Funded in part by the IHS, these programs rely heavily on state Medicaid reimbursement for the services they provide to Medicaid eligible individuals, including infants, children, adolescents and young adults. While states currently receive a 100% FMAP for services provided at IHS and tribal facilities, they are reimbursed only at their regular FMAP rate for Medicaid services provided in urban locations.

As a result, the Urban Indian Health programs on which many AI/AN children depend receive significantly lower reimbursement rates, limiting opportunities for needed pediatric care.

Clearly, we have much work to do to reduce persistent health disparities among AI/AN children and youth, and to ensure that all AI/AN infants, children, adolescents and young adults have access to quality pediatric care. The American Academy of Pediatrics commends the leadership of this Committee in working to improve the health status of AI/AN communities nationwide. We call on Congress to take the necessary steps to ensure that all AI/AN children and youth have timely access to the needed health care services. Specifically, the Academy joins the Friends of Indian Health – a coalition of more than 30 health organizations and individuals dedicated to improving the health care of American Indian/Alaska Native (AI/AN) people - in requesting at least $3.09 billion for the IHS in FY 2003. The Academy also calls for the swift passage of legislation to eliminate the FMAP disparity that threatens the effectiveness of Urban Indian Health Programs.

Unintentional Injuries and Death

Another significant health challenge facing American Indian/Alaska Native (AI/AN) children and youth is the risk of unintentional injury and death. Today, AI/AN children experience the highest rates of injury mortality and morbidity of all US ethnic groups. Their overall injury death rate is nearly twice that of children in the general population. Additionally:

- Death rates for AI/AN children as a result of pedestrian-motor vehicle collisions are nearly four times greater than the rate for all US races combined;
- AI/AN children are three times more likely to die as a result of a motor vehicle occupant injuries than white or black children;
- Fire and burn injuries cause the death of nearly three times more AI/AN children and youth than among the white population; and
- Nearly twice as many AI/AN children drown than children of other races.

Many factors contribute to these startling statistics. Among them are poverty, alcohol abuse, substandard housing, limited access to emergency care, and rural residences.

While it is clear that AI/AN children have not benefited to the same degree from injury prevention techniques such as seat belt use, child restraint use, and fire safety as other US children, we know that carefully crafted injury prevention programs can yield significant results in AI/AN communities. Some examples of such efforts include a program promoting winter coats with floatation devices to prevent drowning; a livestock control program to reduce motor vehicle collisions with large animals; an occupant safety program to boost seat belt use; and a public education campaign to raise awareness about fire safety.

In order to combat the high rate of injury morbidity and mortality among AI/AN children and youth, the American Academy of Pediatrics urges continued support for the implementation and expansion of broad-based injury prevention programs for the AI/AN population. The Academy also supports the development of programs to provide incentives to AI/AN communities to

promote the use of well-established safety mechanisms, such as seat beats and child restraints. Additionally, Congress' continued support for the IHS Health Promotion/Disease Prevention (HPDP) departments is an essential part of continuing efforts to improve AI/AN unintentional injury morbidity and mortality rates.

Type 2 Diabetes Mellitus

Long considered a disease of late adulthood, type 2 diabetes mellitus has recently emerged as a significant health threat to American Indian/Alaska Native (AI/AN) children and youth. Today, the prevalence of type 2 diabetes mellitus among AI/AN children is higher than any other ethnic group. Of particular concern:

- In some communities, such as the Pima Indians, prevalence rates have reached as high as 5% among teens aged 15-19 years; and
- IHS data indicate that the prevalence of diagnosed diabetes (all types) among youth 15-19 has increased 54% since 1996.

For pediatric patients, type 2 diabetes mellitus heralds earlier onset of heart disease, vision impairments, and renal disease. As you know, these complications can lead to significant morbidity and mortality in people with diabetes. End-stage renal disease, for example, requires dialysis and can result in limb amputations. Children and adolescents with chronic conditions, such as type 2 diabetes mellitus, also are at higher risk of depression and other behavioral disorders. This compounds the impact of this illness and may magnify the difficulty in treating and caring for these patients.

Given the serious and life-long health effects of type 2 diabetes mellitus, prevention and timely medical intervention are critical to the future health of AI/AN children and youth. However, as with injury prevention efforts, type 2 diabetes mellitus prevention efforts among AI/AN communities face unique obstacles. For example, many AI/AN children and youth have limited options for healthy foods, limited opportunities for sustained physical activity, and limited access to routine health care. Moreover, when type 2 diabetes mellitus is the established diagnosis, many AI/AN children and youth do not have access to the important secondary prevention efforts and clinical care needed to prevent complications.

As part of a coordinated, comprehensive effort to reduce type 2 diabetes mellitus among AI/AN children and youth, the American Academy of Pediatrics recommends continued federal support for AI/AN diabetes prevention and treatment programs. These efforts should be community-based, involving a range of child-related services such as schools, health clinics and community recreation centers; and multidisciplinary, involving medical staff, nutritionists, public health officials and health educators. These efforts also should include proven strategies to help overcome the barriers unique to AI/AN communities, including the use of trained professional interpreters, cultural competence training for clinicians and staff, and community member participation in the design of clinical services.

Conclusion

Despite significant achievements in many areas, significant and persistent disparities continue to threaten the health of American Indian/Alaska Native (AI/AN) children and youth. Tremendous gaps in health care access, delivery and research clearly will need to be bridged before these disparities can be eliminated.

Throughout my training, clinical work and advocacy with the Academy, I have visited many AI/AN health care sites and spoken to many healthcare providers. They are excellent, dedicated, and hard working pediatricians and pediatric providers who are doing their best to provide outstanding care. Their comments are always similar: they report being under-funded and under-staffed; they talk about often being overwhelmed by the need; and they talk about the health disparities, the diabetes and the injury morbidity and mortality rates.

It is because of these voices and the Academy's dedication to AI/AN children that I am here today to encourage Congress to remember the health needs of AI/AN infants, children, adolescents and young adults in your deliberations - both in securing adequate support for IHS and in developing public health campaigns for the U.S. population. Your dedication to AI/AN children and their families is commendable. We look forward to working with you on the many important issues raised today in the months and years ahead.

Thank you again for the opportunity to testify on such an important issue. I look forward to answering any questions you may have.